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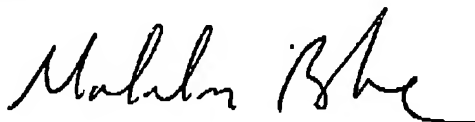
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From: Malcolm Burke

Application Number: 10/017,623

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Thanks,



Malcolm Burke

PTO/SB/122 (06-03)

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# CHANGE OF CORRESPONDENCE ADDRESS Application

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Application Number	10/017,623
Filing Date	1/6/04
First Named Inventor	MALCOLM BURKE
Art Unit	2836
Examiner Name	Robert L. Deberadinis
Attorney Docket Number	?

Please change the Correspondence Address for the above-identified patent application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	MALCOLM A. BURKE				
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- ☒ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or Agent of record. Registration Number \_\_\_\_\_
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name MALCOLM A. BURKE

Signature MALCOLM BURKEDate 1/6/04Telephone 202.247.5965

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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